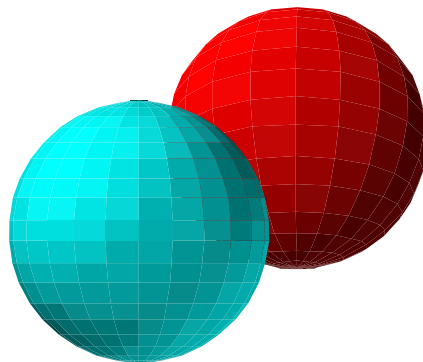


# **CIGARETTE RESTITUTION FUND PROGRAM**

## **ANNUAL ACCOMPLISHMENT REPORT**

**FISCAL YEAR 2005**





**CIGARETTE RESTITUTION FUND PROGRAM**  
**FISCAL YEAR 2005 ANNUAL ACCOMPLISHMENT REPORT**

**Table of Contents**

Accomplishments

— Cancer Prevention, Education, Screening & Treatment	1
— Tobacco-Use Prevention and Cessation	15
— Minority Outreach & Technical Assistance	20
— Alcohol & Drug Abuse Prevention	22
— Medical Care Program Provider Reimbursements	26

<u>Managing For Results (MFRs)</u>	28
------------------------------------	----

— Cancer Prevention, Education, Screening & Treatment	29
— Tobacco-Use Prevention and Cessation	31

**CIGARETTE RESTITUTION FUND PROGRAM**  
**CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT**  
**PROGRAM**  
**FISCAL YEAR 2005 ACCOMPLISHMENTS**

**LOCAL PUBLIC HEALTH**

**Overall**

- Funding was awarded to each local jurisdiction's Cancer Prevention, Education, Screening and Treatment Program for fiscal year 2005. Each local health department received a base amount of \$100,000 with the remainder of its award based on the formula specified in the statute for the CRFP.
- Community health cancer coalitions continued in 24 jurisdictions. Each coalition is comprised of representatives that reflect the demographics of each jurisdiction and includes membership of minority, rural, and medically underserved populations that are familiar with different cultures and communities in the jurisdiction. The majority of the community health coalitions met three or more times during the fiscal year.
- Comprehensive cancer plans addressing prevention, education, screening, and treatment for one or more of the targeted cancers were updated in 24 jurisdictions. Twenty-three jurisdictions addressed colorectal cancer, eight jurisdictions addressed oral cancer, 13 jurisdictions addressed prostate cancer, 14 jurisdictions addressed breast and cervical cancers, and 15 jurisdictions addressed skin cancer, and one jurisdiction addressed lung and endometrial cancer in fiscal year 2005.
- Contracts were entered into and/or renewed between local health departments and local medical providers (e.g., gastroenterologists, medical laboratories, primary care physicians, hospitals, surgeons, etc.). These providers deliver clinical services for cancer screening, diagnosis and treatment.

**Public Education and Outreach**

- A total of 111,014 Maryland residents in the general public were educated.
- The local health departments awarded 25 subcontracts and/or mini-grants to local community-based organizations to provide outreach and education to minority, underserved, and/or uninsured residents of their jurisdictions.
- Local programs conducted a variety of public education and specific outreach activities.
  - Cancer education and outreach has been conducted through community sites, churches, senior centers, housing units, businesses, health fairs, mass mailings, radio, newspaper, television, and provider sites.
  - Media events included public service announcements on television and radio, talk shows, and newspaper stories and local newsletters.

- Local programs have designed videos, brochures, flyers, posters, paycheck inserts, pencils, and magnets and have distributed these at health fairs, door-to-door, at libraries, pharmacies, senior centers, housing units, etc. Local programs have developed and maintained web sites informing the public about the need for colorectal cancer screening, educational messages about prostate, oral, breast, cervical and skin cancer prevention and the availability of services through the CRF program.

- Examples of public education and outreach performed by the local health departments included the following:

**Allegany County** - The County cancer control program and subvendor staff focused on colorectal cancer education utilizing billboard advertisements, poster displays, movie theatre ads, TV channel ads, public service announcements on local radio stations, health fair displays, brochures in local doctor offices, and brochures sent with the Breast and Cervical Cancer Program (BCCP) recall letters. The program staff distributed brochures to fourteen of the local pharmacies to use as stuffers in their prescription bags, provided group presentations to senior citizens and church groups, set up a display table in the local supermarkets and stores and did one-on-one education with the customers, placed newspaper ads in the local senior citizens newspaper magazine and provided brochures for stuffer in local Sunday church bulletins.

**Baltimore County** - The County's outreach staff visited doctors' offices, businesses, pharmacies, churches, health centers and Social Services offices distributing materials on colon, breast, and skin cancer. They attended the following festivals and events to provide program information to participants: School Sisters of Notre Dame Wellness Workshop, International Steel Group (ISG) Health Fair, Baltimore County Public Schools-School Nurse Round Table, Recreation and Parks Youth Forum, Relay for Life Fund Raiser, Lutherville/Timonium Flea Market, and the Patapsco Avenue Flea Market. Once each month, an outreach worker dresses in the SunGuard Man costume and is accompanied to the Department of Social Services in the Drumcastle Building to distribute information on skin cancer and sun safety.

**Dorchester County** - Articles were placed in the Daily Banner entitled Cancer screening urged. Public Service Announcements on colorectal cancer awareness, 35-60 second spots, were run on WCEM 106.3 and WINX 94.3 throughout the year. Health department clients were mailed informational flyers on colorectal cancer screening. Informational tables were placed in Hubbard's Pharmacy and Craig's Pharmacy. Chesapeake College and the Dorchester County Department of Social Services were each sent and distributed flyers on colorectal cancer awareness and screening.

**Prince George's County** - The cancer program staff attended community events wearing tee shirts advertising the program. Staff reported an increase in awareness regarding colorectal cancer and prevention among the general public and reported that the tee shirts generated a considerable amount of discussion when they were worn. By collaborating, Breast and Cervical Cancer staff, a double-sided English/Spanish Valpak coupon was inserted into correspondence forwarded to patients who met programmatic eligibility requirements. This collaborative effort encouraged continued health screenings for at risk women. In March, a joint proclamation from the Office of the County Executive and the County Council, acknowledged colorectal cancer awareness and local screening efforts. The health educator appeared on Channel 8, an ABC affiliate, on NEWSTALK, a call-in talk show. Due to the volume of calls, the segment was extended by 10 minutes.

### **Minority Outreach**

- Each of the 24 jurisdictions planned specific activities that focused on ensuring that there was minority outreach within their communities. Examples of these types of services included:

**Carroll County** – The program's chair of the County's Minority Program functioned as a liaison with leaders in the minority community, encouraged participation in the community coalition, and

provided outreach to minorities in Carroll County on cancer awareness and other health risks. The program funded a Minority Health Council event honoring African American men called H.O.M.E that was attended by 173 community residents. The County's cancer control program was assisted by a representative from the United Hands of Carroll County, a Hispanic outreach and advocacy group that disseminated information to the Hispanic community and introduced the program staff to leaders in the their community and assisted with outreach.

**Somerset County** - A "mini grant" was awarded to Reverend McDaniel of the St. Paul AME Church. His activities included three speaking engagements where brochures were distributed. In addition, the program staff distributed flyers, prepared and circulated newspaper articles on colorectal cancer awareness, attended 10 health fairs and other community events such as the Community Relief Picnic/Health Fair and the Washington High School Upward Bound event during which they provided one-on-one education and general information regarding the colorectal cancer program.

**Harford County** – Program staff gave presentations on colorectal and/or breast cancer at the Mt. Zion Church and at an Intercultural Council Organization Woman's conference in Aberdeen, participated in a Title I parent conference where they distributed information on the seven "targeted" cancers, and provided information to attendees at a Latino program at Edgewood High School.

**Worcester County** – The program staff worked with the Breast and Cervical Cancer program to recruit minority women and their families into the Colorectal Cancer Program through recall contacts. Staff participated at local health fairs at the St. Paul's United Methodist and St. John's United Methodist churches, both are predominately African American congregations. Information on the "targeted" cancers was distributed and discussed with attendees. In addition, literature on cancer control was distributed during a blood pressure screening event held at the Isaiah Fassett apartment complex and the "Take a Loved One to the Doctor Day" at the University of Maryland Eastern Shore.

### **Professional Education and Outreach**

- Local health departments and the two statewide academic health centers educated health care professionals and providers about the targeted cancers and cancer screening guidelines.
  - 25,932 providers were reached through education and outreach efforts such as mailings and newsletters.
  - 2,807 individual providers were educated through educational sessions and presentations at various locations such as physicians' offices, the County Medical Society, or hospital staff meetings.
- Local programs mailed medical providers the Minimal Elements for Screening, Diagnosis, and Treatment that were developed and/or updated by DHMH for Oral Cancer, Colorectal Cancer and Prostate Cancer and notified them of the services provided through the local CRF cancer control program.

### **Screening, Diagnosis, and Treatment**

- In FY 2005, the following persons were screened for the different targeted cancers under the CRFP:

- 8,262 screening tests were performed, and 56 individuals were diagnosed with cancer.
- 52% of new persons screened were minorities.
- 1,896 colonoscopies were performed of which 432 had adenomatous polyps; 775 blood stool kits (called FOBT) were completed, of which 60 were positive; 12 sigmoidoscopies were performed; 19 individuals were diagnosed with colorectal cancer.
- 766 prostate specific antigen (PSA) tests and 228751 digital rectal exams (DREs) were performed; of these, 8 individuals were diagnosed with prostate cancer.
- 815 oral cancer-screening examinations were performed; of these 1 individual was diagnosed with oral cancer.
- 439 skin cancer-screening examinations were performed; of these, 1 individual was diagnosed with melanoma and 2 individuals were diagnosed with non-melanoma skin cancer.
- 989 mammograms were performed and 1,008 clinical breast examinations were done; of these 19 individuals were diagnosed with breast cancer.
- 750 Pap smears were done; of these no person was diagnosed with cervical cancer.
- 18 diagnostic examinations were performed for lung cancer; of these 4 were diagnosed and treated for lung cancer.
- 43 diagnostic examinations were performed for endometrial cancer; of these 2 were diagnosed with cancer.

### **STATEWIDE PUBLIC HEALTH**

- Monthly teleconferences were provided by DHMH Cancer staff, in which representatives from the 23 local jurisdictions, the two academic centers and their vendors participated in a two-way exchange of information and guidance regarding clinical, surveillance, evaluation, and administrative issues in the cancer programs.
- Site visits of the CRFP cancer grants were conducted by the DHMH cancer control staff at 22 of the 23 local jurisdictions and two academic centers. During these site visits, consultation and guidance was provided regarding clinical, administrative and program evaluation issues.
- Education and trainings were provided:
  - Two new employee orientation trainings were conducted with local health departments.
  - Five Education and Outreach Worker trainings were conducted with 87 participants in attendance.
- Community Health Coalition meetings in 24 local jurisdictions were observed by state health department staff.
- Six regional meetings were held with 146 individuals in attendance from local health departments with their subcontractors, academic centers, MOTA, Maryland Statewide Health

network, and DHMH staff. Each of these daylong meetings provided instruction and guidance in clinical, administrative and program evaluation/data collection areas.

- One Statewide meeting was held on March 16, 2005 with 104 individuals in attendance from local health departments with their subcontractors, academic centers, MOTA, Maryland Statewide Health Network, and DHMH staff. The daylong meeting included instruction, guidance and issues forums in clinical, program evaluation/data collection, administrative and outreach areas.
- The DHMH Medical Advisory Committees convened to update the Colorectal, Prostate, Breast and Cervical Cancer Minimal Elements.
- Written guidance continued to be provided to the local jurisdictions. The DHMH website for the Cancer CRFP was continually updated with written guidance for local jurisdictions.
- DHMH CRFP Cancer Control staff distributed cancer control literature and staffed community and statewide events including the Maryland State Fair, DHMH National Public Health Week/Minority Health Month, Dialogue for Action Conference, Melanoma Monday Press Conference, the UMMS Employee Health Fair and the DHMH Health Disparities Conference.

### **SURVEILLANCE AND EVALUATION**

- In September 2004, the Annual Cancer Report was published outlining cancer incidence, mortality, stage of disease, and statewide screening levels for cancer overall and for the seven targeted cancers (lung and bronchus, colon and rectum, breast, prostate, oral, melanoma, and cervical) statewide and in each jurisdiction in the state. The Annual Cancer Report was distributed to the General Assembly, local health departments and community health coalitions. The document is also posted on the Internet at:  
[http://www.fha.state.md.us/cancer/pdf/CRF\\_Annual\\_Cancer\\_Report\\_2004.pdf](http://www.fha.state.md.us/cancer/pdf/CRF_Annual_Cancer_Report_2004.pdf)
- The second Maryland Cancer Survey (MCS), referred to as MCS 2004, was conducted and analyzed in conjunction with the University of Maryland, Baltimore. The survey was administered to over 5,000 adults age 40 years and older and to over 1,250 individuals aged 18-39 years in Maryland. The survey was conducted to assess knowledge and practices of selected health behaviors for the seven targeted cancers.
- The Physician Survey of Cancer Screening Practices was conducted; this is a survey of primary care physicians in Maryland to ascertain the types of cancer screening tests physicians are recommending to their patients.
- The Maryland Cancer Survey-Low Income Survey was conducted in low-income areas of Charles County, going door-to-door, among 500 residents, age 40 years and older and 18-39 years old. These surveys were done to try to reach populations that may not be reached through telephone surveys.
- The Maryland Cancer Survey-Hispanic Survey was planned by working with the Latino Health Initiative in Montgomery County. The purpose of this survey is to identify health screening and risk behaviors among Hispanics/Latinos. Plans were developed to administer the Maryland Cancer Survey to 500 Hispanic residents of varying economic levels, to better determine the prevalence of cancer screening and risk behaviors among the



Hispanic community and to pilot a Spanish language survey for possible statewide use in 2006.

- The statewide cancer client database system (CDB) was implemented under a Memorandum of Understanding with the University of Maryland, Baltimore. Each local health department and statewide academic health centers currently use this database to report standardized data on each person screened for colorectal, skin, oral, and prostate cancer under the CRFP to DHMH. The University of Maryland continues to provide epidemiological support to collect and analyze education, screening, diagnosis, and treatment information and to assist in the maintenance and administration of the database with the local jurisdictions. Revisions to the database are ongoing. Training was conducted both at DHMH and at regional sites on the CDB.
  - Six Client Database trainings were held with approximately 70 participants in attendance.
  - One web cast Cancer Client Database training was conducted.
- The Cancer Surveillance Advisory Committee met regularly and continues to provide advice to DHMH on cancer surveillance and epidemiologic issues.
- Staff of the Surveillance and Evaluation Unit maintains the Education Database and perform analyses of the data. Staff conducted training at five local programs (Howard, Kent, Prince George's, Queen Anne's, and Somerset).

### **STATEWIDE ACADEMIC HEALTH CENTERS**

#### **Baltimore City Public Health Grant**

- The Baltimore City Comprehensive Cancer Plan was developed and submitted to DHMH for review and approval. The University of Maryland Medical Group (UMMG) and Johns Hopkins Institutions (JHI) were awarded continuation grants for implementation of the Baltimore City Comprehensive Cancer Plan. Johns Hopkins' component focused on prostate cancer the University of Maryland's component focused on breast and cervical cancer.
- The Baltimore City Cancer Coalition met in October 2004, and in February and June 2005.
  - The Colorectal Cancer Subcommittee met monthly. CRFP Cancer Control staff participated in and provided guidance to the Subcommittee to promote colorectal cancer education and screening for Baltimore city residents.
  - DHMH, in collaboration with the Colorectal Cancer subcommittee, submitted a competitive application for funding to the federal Centers for Disease Control and Prevention for a Colorectal Cancer Screening Demonstration Project in Baltimore City. The grant application was successful, and DHMH was awarded a \$1.8 million, three-year cooperative agreement from CDC for this program, to start in fiscal year 2006.
- Three community-based organizations received funding for continuation of community education and prevention outreach activities. Two of the community-based organizations are in predominantly African-American neighborhoods (Bea Gaddy Family Center, Park

Heights Community Health Alliance); one serves the Latino community (Hispanic Apostolate).

- A total of 21, 878 individuals were educated through brief, group, and individual sessions. Public education and outreach for the targeted cancers was continued through partnerships with small businesses such as beauty and barbershops, community associations, libraries, local employers, civic groups, and faith-based organizations. Health promotion was also provided in conjunction with citywide festivals and through community meetings.
- An estimated 1,144,562 individuals were reached through media promotions on radio and television, and via printed promotions such as billboards, mailers and Baltimore City newspapers.
- JHI screened a total of 800 men for prostate cancer between July 1, 2004 and June 30, 2005. 697 of them were racial or ethnic minorities. Three men were diagnosed with prostate cancer.
- UMMG screened a total of 773 women for breast cancer between July 1, 2004 and June 30, 2005. 712 women were racial or ethnic minorities. Thirteen women were diagnosed with breast cancer.
- UMMG screened a total of 591 women for cervical cancer between July 1, 2004 and June 30, 2005. 544 women were racial or ethnic minorities. Two women were diagnosed with cervical cancer.

#### **Johns Hopkins Institutions Cancer Research Grant**

- The Johns Hopkins Institutions (JHI) submitted a grant application for cancer research and was awarded a continuation grant for the fifth year of the project.
- The External Advisory Committee met to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program (CRFP) initiatives.
- The MOU Advisory Group on intellectual properties management for the JHI Cancer Research grant (comprised of representatives from Johns Hopkins, DHMH, DBED, and TEDCO) met in October, 2004 and in May, 2005 to hear presentations on the priorities, infrastructure, and activities of the cancer program.
- Eleven (11) grants were awarded in FY05 of which four were for translational research, six were for faculty recruitment, and one was for faculty retention. Projects were funded in the following areas: the human oral papilloma virus, bioinformatics, basic science, clinical science, cancer prevention and control, breast cancer, lung cancer prevention, lung cancer research, pancreatic cancer, and minority participation in cancer research trials.
- Sixty-five (65) articles were published in peer-reviewed scientific journals in 2004 and eight (8) articles were published in the first half of 2005.
- Forums were held to stimulate discussion of cancer hypotheses and assist in identifying potential research avenues for prostate cancer projects.

- *Conquest*, a semi-annual newsletter was published and disseminated.
  - The Sidney Kimmel Comprehensive Cancer Center's (SKCCC) quarterly magazine entitled "Promise and Progress: Turning Research Into Results. A review of the progress and challenges of basic science cancer research." featured Dr. Connie Trimble, M.D. and her cervical cancer vaccine. On May 12, 2005, Dr. Trimble, a CRF grant recipient since 2001, appeared on local and national news networks discussing how the SKCCC is turning research discoveries into new therapies for patients.
- Johns Hopkins Institutions and the University of Maryland Medical Group jointly sponsored and implemented the fourth annual "Research Matters" conference in November 2004.

### **University of Maryland Cancer Research Grant**

- The University of Maryland Medical Group (UMMG) submitted a grant application for cancer research and was awarded a continuation grant for the fifth year of the CRFP.
- The External Advisory Committee met on September 14, 2004 to review all Cancer Center research and clinical programs, including the Cigarette Restitution Fund Program (CRFP) initiatives. The External Advisory Committee unanimously approved the planned use of the CRFP budget.
- The MOU Advisory Group on intellectual properties management for the UMMG Cancer Research grant (comprised of representatives from UMMG, DHMH, DBED, and TEDCO) met in November, 2004 and in May, 2005 to hear presentations on the activities of the Cancer Center.
- Research funding continued in fiscal year 2005 for a broad variety of research studies aimed at translating research and clinical innovations into clinical applications. These studies include aero digestive, hematologic, gastrointestinal, head and neck, breast, lung, prostate, and pancreatic cancers, bone marrow and stem cell transplantation, laboratory diagnostic studies, cell biology and molecular biology, and pharmacological and new drug development. Researchers were also funded for behavioral studies of minority cancer patients, biostatistical support, preclinical animal modeling, clinical trials protocols, proteomics, flow cytometry, and tissue collecting shared services management, and basic clinical research support.
- Seven (7) research activities have progressed from laboratory research into clinical applications since the inception of the CRFP.
- In fiscal year 2005, 499 publications were submitted for peer-reviewed publications.
- Six Shared Services Facilities were maintained for cancer research in Core Service areas. They are:
  - Proteomics Shared Service allows specialized analysis of proteins and peptide whose structures hold clues to possible diagnostic and therapeutic development and application. In fiscal year 2005, funds were used to support the lease of equipment and for faculty support for this core service.

- The Biopolymer Core Shared Service provides basic molecular biology support services, including DNA/RNA synthesis. In fiscal year 2005, this core assumed responsibility as a centralized facility for generating microarrays of genes.
- The Tissue Collecting and Banking Shared Service provides a quantity of banked tissues and blood specimens for genomics, proteomics, and other analyses for identification of new biomarkers and therapeutic targets. In fiscal year 2005, funds were used to support five staff in this core.
- The Flow Cytometry Shared Service sorts cells and provides cell-imaging services to identify cellular characteristics as a basis for translation into diagnostic or therapeutic strategies. In fiscal year 2005, funds were used to support two staff in this core.
- The Biostatistics Shared Service serves as the central resource of statistical expertise for the Cancer Center that is critical for the conduct of laboratory and clinical trials.
- The Clinical Research Shared Service supports the activities of principal investigators involved in clinical trials by preparing clinical trial protocol forms, submitting projects to the Institutional Review Board, registering and accruing patients for clinical trials, and collecting and managing data. In fiscal year 2005, funds were used to support clinical research nurses and the purchase of a medical informatics system.
- In fiscal year 2005, the Cancer Research Grant provided \$1.25 million in support for laboratory construction and renovations. The new 20,000 gross square foot renovation on the 10<sup>th</sup> floor of the Bressler Building will include open lab space, cold rooms, tissue cultures, and dark rooms. The Cancer Center successfully competed for an NIH construction grant, which provides \$2.6 million in matching funds for the construction project.
- The Cancer Center established two (2) pilot grant programs in fiscal year 05 to provide seed money for translational research projects:
  - An internal grants program was established: to support junior investigators conducting preliminary research prior to submission of external grant applications; and to support large interdisciplinary grants in order to facilitate collaboration among Cancer Center investigators with the ultimate goal of developing a larger project grant application. A total of six (6) grants were awarded. Three (3) of those awards went to junior investigators and three (3) were interdisciplinary grants.
  - The second pilot project was funded jointly by the Greenbaum Cancer Center at University of Maryland and the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins with a goal of funding collaborative research projects between investigators of both institutions. A grant was awarded to Dr. Kirk Bachman of the Greenbaum Cancer Center at the University of Maryland and Dr. Ben Ho Park of the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins.

- The Cancer Center initiated development on a web-based shared service ordering system to more effectively manage the broad range of shared services within the Center.
- The Cancer Center prepared a NIH grant application for a novel approach to drug development entitled the Academic, Public, Private Partnership Program (AP4). This grant application would create an AP4 Center that would combine the assets and knowledge of academic, private, public and governmental entities in support of novel drug development in aero digestive cancers.
- Dr. Stuart Martin successfully competed for a Department of Defense research grant in fiscal year 2005.
- Dr. Angela Brodie received the Kettering Prize for cancer research for her pioneering work in discovering aromatase inhibitors for the treatment of breast cancer. This is one of the most prestigious awards in cancer research after the Nobel Prize.

#### **Maryland Statewide Health Network Grant**

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Maryland Statewide Health Network (MSHN) project.
- Offices were maintained in Salisbury, Chester, Baltimore City, LaVale, Hagerstown and Waldorf, along with a central office in Baltimore City to facilitate provider and community partnerships, promote clinical trials, and provide public and professional education.
- The MSHN released the results of the “Baseline Needs Assessment: Disparities in Health Access, Health Status, Health Assessment, and Health Behaviors for Chronic Disease and Clinical Trials Knowledge, Attitudes and Barriers to Participation in Maryland”, which included survey results of 13 Maryland jurisdictions.
- In September 2004 the MSHN was honored with a national best practice award from the U.S. Department of Health and Human Services, for increasing Eastern Shore residents’ access to cancer clinical trials.
- The MSHN developed a Community Faculty Outreach Resource Directory to provide its partners an opportunity to access University of Maryland, Baltimore faculty, physicians, dentists, nurse practitioners and other health care professionals for continuing education or community education programs as well as for collaborative projects aimed at reducing the burden of cancer and health disparities in Maryland.
- Over 500 individuals attended the Health Disparities Seminar Series, either on site or via videoconference, a monthly education program co-sponsored by the University of Maryland Center for Health Disparities Research and the University of Maryland Statewide Health Network.
- The MSHN currently has 30 tele-health linkages throughout the State. Seventeen (17) of the 30 sites have capabilities for clinical telemedicine and videoconferencing.

- Four additional telemedicine/videoconference site linkages were established in FY 2005:
  - Greater Baden Medical Services (Upper Marlboro, Md.)
  - Total Health Care Division Street (Baltimore, Md.)
  - Total Health Care Kirk Avenue (Baltimore, Md.)
  - Park West Health Systems Inc. (Baltimore, Md.)
- 425 health care providers were reached through 20 continuing education programs.
- 353 public education programs were provided reaching 14,822 individuals.
- 80 printed educational messages reached a potential 300,000 readers. 18 Radio spots reached a potential 250,000 listeners. Ten (10) television spots reached an audience base of 500,000 plus viewers.
- 41,957 individuals visited the Maryland Statewide Health Network Website.
- The Health Care Information Portal (HCIP) initiative, has allowed health care providers and community members to access the MSHN via a standard web browser. The HCIP facilitates health education, health research, health outreach and information dissemination. The portal was implemented in 2004. Phase 2 involved implementing the prototype into a working portal and web based health information system.

#### **Other Tobacco-Related Diseases Research Grant**

- The University of Maryland Medical Group submitted a grant application and was awarded a grant for continuation of the Other Tobacco-Related Diseases Research (OTRD) project.
- The Independent Peer Review Group met in November and December, 2004 to review and make recommendations regarding the 23 applications received for pilot research projects.
- 13 researchers were funded to conduct projects in the areas of health services research, translational research, and clinical research. There were two health services projects, four translational research projects, one clinical research project, and two basic science projects awarded, and four projects were unclassified.
- Seven articles have been accepted for publication in peer-reviewed scientific journals.
- The OTRD staff supported a home tele-health demonstration project in Garrett County using home-based equipment to monitor treatment of chronic diseases in underserved patient populations.
- The OTRD staff, in partnership with the MSHN staff, presented the Third Annual Scientific Forum on Cancer and Other Tobacco-Related Diseases in June, 2005.

#### **Coalition for Skin Cancer Prevention in Maryland**

- The Coalition for Skin Cancer Prevention in Maryland started in 2001 with funding from the federal Centers for Disease Control and Prevention and the Maryland Department of Health and Mental Hygiene. Beginning in fiscal year 2005, the

Coalition was funded under the Cigarette Restitution Fund Program. The purpose of the Coalition is to promote skin cancer prevention education to the citizens of Maryland through five channels: schools, media, primary healthcare providers, recreational sites, and child care providers with a primary emphasis on reaching children and adolescents.

- The Coalition includes representation from fifty-four (54) organizations, including local health departments, governmental organizations, professional medical societies, non-profit organizations, for-profit organizations, and individual citizens.
- The Coalition has developed a middle school curriculum entitled “Sunguard Your Skin”. This curriculum is posted on the Coalition’s website. In 2005, the curriculum was used by twenty-three Maryland teachers in nine jurisdictions, out-of-state teachers, as well as teachers from nine foreign countries.
- The Coalition has developed a web-based cartoon series entitled “The Adventures of Sunguard Man”. Five episodes of this cartoon series have been developed. One episode contains both an English and Spanish version.
- The Coalition sponsors an annual event called “Melanoma Monday” on the first Monday in May to winners of an annual Skin Cancer Prevention Poster Contest for elementary and middle school students. The 2005 event was co-sponsored by The Joanna M. Nicolay Skin Cancer Foundation.
- A 3rd grader created one of the award-winning posters in 2004. This poster is entitled “Brianna’s Poster” was printed and distributed throughout the state to physicians’ offices, state and county parks, beaches, and other recreational facilities in 2005.
- The Coalition has developed a mascot called “SunGuard Man”. Seven costumes for SunGuard Man have been placed around the state for use by local health departments, the Maryland Statewide Health Network, and other organizations. SunGuard Man has appeared in various locales including games of the Baltimore Orioles.
- The Coalition has encouraged local weather announcers on local television stations to routinely report the UV index.
- The Coalition has trained 459 childcare providers how to use the American Cancer Society’s Sun Safe Community’s Child Care Curriculum since 2002.
- The Coalition has encouraged healthcare providers throughout the state to display skin cancer prevention brochures and posters in their offices.
- The Coalition staff and members travel throughout the state to health fairs, educational events, professional medical meetings and community groups to promote an increased awareness of skin cancer risks and preventive measures.

# TOBACCO-USE PREVENTION AND CESSATION PROGRAM

## FISCAL YEAR 2005 ACCOMPLISHMENTS

### Mass Media and Public Relations Campaigns

During FY05, the CMMC continued to develop and maintain grassroots partnerships to mobilize the movement in support of current and new tobacco control initiatives. *Maryland-Smoking Stops Here* partners with coalitions, groups and businesses including sports and recreational activities, hospitals, colleges and universities, statewide organizations, local media, community organizations, youth groups, schools, local organizations and businesses.

- Nearly 41,500 Marylanders have gotten involved in the “*Smoking Stops Here*” movement.
- Collaborated with and distributed “Here” gear to over 250 organizations.
- Collected more than 400 stories of Marylanders experiences with tobacco use.
- Compiled nearly 950 local tobacco control events on the [www.smokingstopshere.com](http://www.smokingstopshere.com) community calendar.
- Received over 230,000 visits from Marylanders to [www.smokingstopshere.com](http://www.smokingstopshere.com).
- Acquired nearly 30,000 pledges from Marylanders to take action against tobacco.
- Partnered with nearly 330 organizations and businesses as key “HERE supporters”.
- Produced “Radio Idol” spots from a youth PSA contest, which ran on 15 Maryland radio stations.
- Harford County middle school students participated in a poster contest where the winner was featured in the Aberdeen IronBirds program. Seven IronBird’s players participated in a 60 second public service announcement.
- The Aberdeen Ironbirds hosted smoke-free concerts at Ripken Stadium featuring artists such as Bob Dylan, Willie Nelson and Def Leppard.
- The Salisbury Zoo went smoke-free and posted “Tobacco Free Zones” signs.
- Franklin Square Hospital promoted “Smoking Stops Here” onesies and prenatal education.
- Shuttle signage was created and posted at two campuses: Loyola College and UMBC and the internal display signage and outside bus wrap for the second Baltimore College Network Shuttle was finalized; the first shuttle is also still in existence.
- Collected over 1,630 “Smoking Stops Here” pledges from college students.
- Wicomico, Worcester and Somerset County Recreation and Parks Departments created “Tobacco-Free Zones” and posted signs in parks countywide.
- Howard and Caroline counties enacted a new Maryland Tobacco Free Sports policy.
- Smoke-Free Battle of the Bands Statewide Competition countered the Tobacco Industry’s current sponsorship of concert tours and aimed to prevent the initiation of tobacco use among young people.
- Held the 2<sup>nd</sup> *Annual Maryland Hispanic/Latino Tobacco Control Summit: Mobilizing the Latino Community Against Tobacco* examining the current tobacco crisis facing Maryland’s rapidly growing Hispanic/Latino community.
- Sponsored the *Baltimore County African American Cultural Festival*, the *Baltimore City Schools Tobacco Control Conference*, and the *African American Heritage Festival*.
- Added 36 new local Maryland businesses to the HERE Club Card Program. A total of 3,407 new HERE Club Card members were from July 1, 2004 through June 30, 2005. The program rewards Marylanders and local businesses for choosing healthy lifestyles.



## **Statewide Public Health**

### **Legal Resource Center**

- Provided legal assistance to 14 local health departments and jurisdictions throughout the state on youth access and clean indoor air issues.
- Published and distributed two newsletters – “Tobacco Regulation Review” – distributed to over 1,000 recipients.
- Responded to approximately 50 requests from individuals for technical legal assistance on tobacco control issues.
- Provided assistance to five state legislators and the Fire Caucus during the 2005 General Assembly session.
- Taught law students in a Tobacco Control Clinic and a Tobacco Control and the Law seminar.
- Provided training to three local tobacco control coalitions on the difference between educating and state regulated lobbying, explaining what activities are considered permissible under state law.
- Provided training to two local jurisdictions on the implementation of product placement laws.
- Presented at five national/state tobacco control programs.
- Maintained a website containing tobacco control information such as opinions from the Attorney General, court decisions, the Master Settlement Agreement, the World Health Organization Framework Convention on Tobacco Control, model ordinances, and a database of American Law Review articles.
- Hosted a workshop discussing the 2005 General Assembly session and planning for the 2006 General Assembly session.
- Published a Law Synopsis entitled “Secondhand Smoke Exposure and the Family Courts” through the Tobacco Control Legal Consortium.

## Local Public Health

### Overall

Worked with county health departments to develop county specific tobacco control action plans that address CRFP long-term and short-term goals and objectives.

**Provided minority outreach and faith-based technical assistance to county health departments and community organizations to building sustainable tobacco programs targeting disparate populations.**

Conducted four training sessions on “Best Practices” for Comprehensive Tobacco Control Programs.

Hosted a statewide training for 120 participants on “*Strengthening Maryland Tobacco Control Through Faith-Based Partnerships*”. The purpose of the training was to encourage church leaders and lay people to take a stand against Tobacco Industry influences in their communities. The training also included an overview of statewide faith-based tobacco control efforts and concurrent workshops.

Developed a statewide local public health brochure and distributed it to local health departments and local providers.

Collaborated with the Alcohol and Drug Abuse Administration on the retail compliance checks and vendor education.

### Community

4,283 health care providers, advocates, community leaders and parents trained on clinical practice guidelines, smoking cessation program, and tobacco use prevention strategies.

90 community churches were funded to incorporate tobacco prevention and cessation messages into various church programs.

352,234 people educated on tobacco use prevention.

866 awareness campaigns conducted in targeted communities.

**111 minority organizations funded.**

### New Local Tobacco Control Policies

**Allegany County** - Western Maryland Healthcare Systems adopted a campus wide smoke free policy as of January 1, 2005.

**Baltimore City** - Introduced legislation to ban on smoking in bars and restaurants before the City Council.

**Calvert County** - health department implemented smoke-free entrances policy and designated outdoor smoking areas.

Carroll County– **passed a local product placement bill.**

**Charles County-** Civista Hospital adopted a smoke free campus policy as of July 1, 2005.

**Garrett County** - The Town Councils voted to make their community parks smoke free as a means to protect children and encourage positive role modeling by adults.

**Howard County** – is proposing legislation that will make all bars and restaurants smoke free.

**Prince George’s County** – passed local legislation to prohibit the sale and distribution of single cigarettes. This legislation became effective on December 21, 2004 and gave the health department authority to cite merchants.

**Wicomico County** - Enacted a new smoking policy at Wor-Wic College. “No Smoking” areas have been designated with site maps created and punitive measures imposed for violators.

#### School based

4,271 teachers, nurses, daycare providers, and school administrators trained on available tobacco use prevention and cessation curricula, programs and strategies.

**379,981 Pre-K – 12 students received tobacco use prevention education.**

**13,382 private school students educated on tobacco use prevention**

3,895 students educated in alternative school settings.

19,121 college students received tobacco use prevention education on campus.

41,041 students reached with Peer Programs.

2,480 students received smoking cessation counseling and support at school.

### Enforcement

10,309 tobacco retailers' compliance checks (stores) were conducted.

765 tobacco retailers (stores) were issued citations for sales to minors.

600 youth were cited for illegal possession of tobacco products.

49 product placement citations were issued.

### Cessation

1,288 nurses and health care providers trained on various smoking cessation models.

7,269 adults participated in smoking cessation classes, 3,190 received nicotine patches or Zyban.

2,592 participants reported quitting smoking and 17.5% were still smoke free after 12 months.

# **MINORITY OUTREACH AND TECHNICAL ASSISTANCE**

## **FISCAL YEAR 2005 ACCOMPLISHMENTS**

### **Grants Awarded**

The Minority Outreach and Technical Assistance Program (MOTA) awarded competitive one-year grants to 14 jurisdictions in Maryland that contained the largest proportion of minorities. Grants ranged from \$25,000 to \$170,000. The community-based organizations receiving the grants included one Native American, three Hispanic/Latino, five Asian American, nine faith-based, and 20 African-American groups. The jurisdictions funded were:

Anne Arundel County  
Caroline County  
Frederick County  
Montgomery County  
Talbot County

Baltimore City  
Charles County  
Harford County  
Prince George's County  
Wicomico County

Baltimore County  
Dorchester County  
Kent County  
Somerset County

### **Project Activities**

MOTA grantees conducted a variety of activities designed to increase awareness among minority populations, increase participation with local health departments and promote alliances to prevent smoking and decrease cancer. These activities included:

- Attending local health department's cancer and tobacco coalition meetings, 201 persons attended these meetings during the year;
- Sponsoring and holding cultural events that highlighted cancer and tobacco messages; 126 events were held reaching 81,343 persons;
- Holding 38 capacity-building workshops that enhanced the ability of local groups to write grant applications, build their business and program infrastructure and network within communities;
- Partnering with established community events such as the 2004 Festival of the Americas; Tarde de Amour event at St. Peter's Church for Hispanic/Latino outreach; Asian & Pacific Island Festival; Gospel Gala at Westlake High School for outreach to the African American community; Juneteenth Festival for outreach to African Americans, Caribbean Americans, and African immigrants; Adelphi Langley Park Day for Hispanic outreach; and the Christmas Party at the Chinese Mon Fu Church; Cancer and smoking cessation and prevention messages were disseminated;
- Organizing and holding events for youth such as Back to School Anti-Tobacco; Cancer Awareness Basketball Tournament; Block Party Health Fair; Not In Mamma's Kitchen; Early Childhood Fair; and recruiting youth onto Kick Ash KAST (Kids Against Starting Tobacco); Tobacco Teen Night; Weed and Seed; and Smoke Screeners;
- Organizing and holding 117 health awareness outreach events where over 2,137 minority individuals were in attendance; and
- African American Ethnic health promoters reached 10,811 participants for health education on colorectal cancer.

**Cancer and Tobacco Coalition Participation**

A total of 52 new individuals/organizations were recruited to join and participate with the Cancer and Tobacco Coalitions at each local health department.

**Program Administration**

The MOTA program staff participated in Cancer and Tobacco Regional meetings and the monthly Cancer Program teleconferences. The program organized and conducted the 2005 Maryland Health Disparities conference with an attendance of 225 persons who provided input on recommendations for reducing health disparities. The program set up a health exhibit at the 2005 Cancer Council conference. The program planned and conducted the statewide Take-A-Loved-One-to-the-Doctor-Day (September 2005) and the Public Health Week (April 2005). The program participated with the Maryland Black Caucus (October 2004) event by setting up a Health Disparities exhibition. These events reached over 2,500 individuals. Management of the CRFP, MOTA and Health Disparities health websites.

**Outcomes and Public Benefits: FY 2005 Accomplishments**

Allegany County

The CRF grant funded 11 slots in the Level III.1 Halfway House providing services to 30 patients during the year.

Anne Arundel

Funding was provided for Level 0.5 Early Intervention for 32 slots for 139 patients; Level I Outpatient services for 77 slots for 314 patients; Level ID for 7 slots for 26 patients; Level II Intensive Outpatient for 11 slots for 41 patients; Level III.5 Therapeutic Community for 1 slot for 3 patients; Level III.7 ICF for 2 slots for 79 patients and Level III.7D for 4 slots for 159 patients.

Baltimore City

The following services were purchased through CRF funding:

Level I Outpatient:	89 slots
Level II.1 Intensive Outpatient	25 slots
Level III.1 Halfway House	41 beds
Level III.5 Therapeutic Community	12 beds
Level III.7 Medically Monitored Inpatient (ICF)	14 beds
Medication Assisted Treatment	717 slots

In addition detoxification services were purchased: 48 slots (Level II –D), 22 slots (Level III.7-D), and 5 MAT detoxification slots.

Baltimore County

During FY 05 there were 5 Level III.1 Halfway House slots, 9 Level III.3 Long-Term Residential slots, and 2 Level III.7 Medically Monitored Inpatient slots purchased with CRF funds. CRF also supported 10 Level II.1 Intensive Outpatient slots.

Calvert County

Funding was provided for Level II.1 Intensive Outpatient services for 15 slots for 70 patients and Level III.3 Long Term Residential services for 11 slots for 11 patients.

Caroline County

Funding was provided to fund a part-time addictions counselor (16 hrs/wk ) and to provide 15 Level I Outpatient slots.

Carroll County

The CRF grant funded 6 slots in the Level I D Outpatient Detoxification program that served 80 patients. In addition, funding was made available for 2 slots in the Level II.1 adolescent Intensive Outpatient Program providing services to 10 patients annually.

### Cecil County

In FY05, Cecil County funded Level III.7 Detoxification services for 94 patients.

### Charles County

Funding was provided for 15 Level II Intensive Outpatient treatment for 45 patients and Level III.3 Long Term Treatment slots for 5 patients.

### Dorchester County

Funding was provided for Level III.7 Detoxification services for 15 Patients and Level III.7 Residential treatment for 5 patients.

### Frederick County

The CRF grant funded 7 slots in the Level I D Ambulatory Detoxification program providing services to 40 patients annually.

### Garrett County

The CRF grant funded 25 slots in the Level I Adolescent Outpatient Services providing services for 50 patients annually.

### Harford County

During FY 05 there were 35 Level I Outpatient slots and 15 Level II.1 Intensive Outpatient slots funded by CRF. In addition, MAT Detoxification services were provided to 13 patients.

### Howard County

In FY 05, Howard County provided Level I D Outpatient Detoxification Program for 60 patients in need of this level of care. These services included assessment, psychiatric evaluation, medication, counseling services, acupuncture, case management and referral.

### Kent County

Kent County funded 4 Level III.7 Detoxification beds providing 1200 bed days of service for 240 patients.

### Montgomery County

The CRF grant funded 250 slots in the Adult Level I, Outpatient Services providing for services to 600 patients annually. The grant also provided for Psychiatric Services to 300 adults annually. There were 15 slots funded in the Level II, Adult Intensive Outpatient program providing services for 30 patients annually. Also, 15 slots in the Level III.3 Long Term Residential program provided for up to 30 patients annually.

### Prince George's County



Funding was provided for 552 Level I Outpatient slots for 1,104 patients; 39 Level II.1 Intensive Outpatient slots for 60 patients; 11 Level III.1 Halfway House slots for 11 patients and 4 Level III.5 Therapeutic Community slots for 5 patients. Assessment and Referral services were provided for 3,250 patients.

#### Queen Anne's County

Queen Anne's County funded Level III.7 Detoxification services for 11 patients and Level III.7 Residential services for 9 patients.

#### St. Mary's County

Funding was provided for 15 Level I Jail Outpatient Slots for 75 patients and 23 Level II Intensive Outpatient slots, 8 of which was Level II Jail based services for 160 patients.

#### Somerset County

Somerset County funded 45 Level I Outpatient slots and provided services for 90 patients. Services were also purchased for Hotline Coverage, 190 hrs of psychiatrist services and Level III.7 Detoxification services for 10 patients.

#### Talbot County

Cigarette Restitution Funds were used to support 40% (16 hours) of the salary for the County Coordinator's/Program Director's position.

#### Washington County

The CRF grant provided for 54 slots in the Level I, Jail Based services program providing for services for 108 patients annually.

#### Wicomico County

Cigarette Restitution Funds were used to provide services at Level I Outpatient OMT, Level II Intensive Outpatient and Level III.7 Residential for a total 623 patients.

#### Worcester County

Cigarette Restitution Funds were used to provide services for Level I Outpatient for 150 patients and Level III.7 Residential for 7 patients.

### **D. Administrative Support**

ADAA expended \$68,646 of CRF funds to provide infrastructure support through a Grants Specialist II position and a Coordinator Special Programs Health Services IV for additional technical and programmatic support to the treatment programs that had new or enhanced service delivery as a result of Cigarette Restitution Funds.

### **E. Managing For Results**

The Alcohol and Drug Abuse Administration does not have MFRs specific to CRF. The ADAA awards funding to the jurisdictions as a combination of State, Federal, and Special Funds. The

applicable MFR performance measures address the agency goal to provide a comprehensive continuum of effective substance abuse treatment services with emphasis on access to treatment and retention in treatment; however the MFRs are not specific to K204 funds.

**MEDICAL CARE PROGRAM**  
**PROVIDER REIMBURSEMENTS**

FISCAL YEAR 2005 ACCOMPLISHMENTS (CY 2004)

Appropriation: \$108,300,721

Expenditure: \$108,300,721

MFR Measures:

**For Calendar Year 2007, reduce by 1 admission annually the rate per thousand of avoidable asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma.**

The Maryland Medicaid program has identified asthma as a disease deserving of increased attention in FY 2007, largely due to the increase in the number of children being diagnosed as having the condition. In previous years, the program has examined how asthma is defined by the Managed Care Organizations (MCOs) in Maryland, with the goal of arriving at a way of understanding the dramatic increase in asthma diagnoses. The program has also looked at different ways of defining admissions, and after extensive research has decided to define admissions as “avoidable admissions,” as does the Agency for Healthcare Research and Quality (AHRQ), a nationally recognized healthcare research organization. Avoidable admissions represent admissions that are considered preventable if proper ambulatory care is provided in a timely and effective manner. Because the rates of avoidable admissions may rise when health care needs are not met, the new methodology better reflects the adequacy of asthma care.

**Objective 1.4** For Calendar Year 2007, reduce by 1 admission annually, the rate per thousand of avoidable asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma.

	<b>CY2004</b>	<b>CY2005</b>	<b>CY2006</b>	<b>CY2007</b>
<b>Performance Measures</b>	<b>Actual</b>	<b>Estimated</b>	<b>Estimated</b>	<b>Estimated</b>
<b>Input:</b> Number of HealthChoice children of ages 5- 20 with asthma	13,189	13,289	13,389	13,489
<b>Output:</b> Number of avoidable asthma-related hospital admissions among HealthChoice children ages 5- 20 with asthma	566	558	549	540
<b>Outcome:</b> Rate per thousand of avoidable asthma-related hospital admissions among HealthChoice children ages 5-20 with asthma	43	42	41	40

\* Note: Methodology refined from previous years to reflect recent HEDIS specification changes and AHRQ recommendations. Were the same methodology applied to previous years, the rate in CY 2002 would have been 48 and the rate in CY 2003 would also have been 48.

**For Calendar Year 2005, reduce the gap in access to ambulatory services between Caucasians and African Americans in HealthChoice by 1 percentage point.**

Health disparities in access to care and treatment are nationally recognized issues. The Medicaid program has for the past year begun to look at the number of Caucasians and African Americans enrolled in HealthChoice and the percentages of each accessing health services. Although the gap actually increased from Calendar Year 2002 to 2003, the actual number of African

Americans accessing care increased during this same period. Our efforts to address health disparities have included participation in the Department's First Annual Health Disparities Conference held in 2004, participation in the Department's Health Disparities workgroup, and providing MCOs with data by race and assisting them in data analysis and program planning. We have also encouraged MCOs to apply for grants to assist them in their effort to address health disparities. Through these actions we anticipate reaching our goal of an eventual decrease in the access to care gap between Caucasians and African Americans by Calendar Year 2005.

**Objective 2.5** For Calendar Year 2005 reduce the gap in access to ambulatory services between Caucasians and African Americans in HealthChoice by 1 percentage point.

<b>Performance Measures</b>	<b>CY 2003 Actual</b>	<b>CY 2004 Estimated</b>	<b>CY 2005 Estimated</b>	<b>CY 2006 Estimated</b>
<i>Caucasians</i>				
<i>Input: Number of Caucasians enrolled in HealthChoice</i>	183,893	190,020	198,662	205,232
<b>Output:</b> Percentage of Caucasians in HealthChoice accessing at least one ambulatory service	71.8%	72.8%	73.8%	74.8%
<i>African-Americans</i>				
<i>Input: Number of African-Americans enrolled in HealthChoice</i>	338,707	350,187	362,409	374,409
<b>Output:</b> Percentage of African-Americans in HealthChoice accessing at least one ambulatory service	65.2%	67.2%	69.2%	71.2%
<b>Outcome:</b> Percentage gap between access rate for Caucasians compared to the access rate for African-Americans	6.6	5.6	4.6	3.6

**Note:** 90% of total HealthChoice enrollment is made up of African-Americans and Caucasians; therefore comparing access to ambulatory services between these two populations is a good indicator of disparities in access to ambulatory services.

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

## MOOF03.06 CIGARETTE RESTITUTION FUND — CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM — FAMILY HEALTH ADMINISTRATION

### PROGRAM DESCRIPTION

The Cancer Prevention, Education, Screening and Treatment Program was created under the Cigarette Restitution Fund and seeks to reduce death and disability due to cancer in Maryland through implementation of local public health and statewide academic health center initiatives.

### MISSION

The mission of the Cancer Prevention, Education, Screening and Treatment Program is to reduce the burden of cancer among Maryland residents through enhancement of cancer surveillance, implementation of community-based programs to prevent and/or detect and treat cancer early, enhancement of cancer research, and translation of cancer research into community-based clinical care.

### VISION

The Cancer Prevention, Education, Screening and Treatment Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from cancer or disability due to cancer.

### KEY GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

**Goal 1.** To reduce overall cancer mortality in Maryland.

**Objective 1.1** By calendar year 2010, reduce overall cancer mortality to a rate of no more than 168.8 per 100,000 persons. (Age-adjusted to the 2000 U.S. standard population.)

CY 2003	CY 2006	CY 2007	CY 2010 Performance Measures	Actual	Estimated	Estimated	Estimated
<b>Outcome:</b> Overall cancer mortality rate				194.3	182.9	179.3	168.8
(Overall cancer mortality rate for CY 2003 based on 10,251 cancer deaths)							

**Goal 2.** To reduce disparities in cancer mortality between ethnic minorities and whites.

**Objective 2.1** By calendar year 2010, reduce disparities in overall cancer mortality between blacks and whites to a rate of no more than 1.18. (Age-adjusted to the 2000 U.S. standard population.)

CY 2003	CY 2006	CY 2007	CY 2010 Performance Measures	Actual	Estimated	Estimated	Estimated
<b>Outcome:</b> Cancer death rate ratio between blacks/whites				1.25	1.22	1.21	1.18
(Cancer mortality rate for blacks = 234.3; cancer mortality rate for whites = 186.9 in CY 2003)							

**Goal 3.** To reduce mortality due to each of the targeted cancers under the local public health component of the CRFP.

**Objective 3.1** By calendar year 2010, reduce colorectal cancer mortality to a rate of no more than 14.2 per 100,000 persons in Maryland. (Age-adjusted to the 2000 U.S. standard population.)

Performance Measures	2004 Actual	2005 Actual	2006 Estimated	2007 Estimated
<b>Output:</b> Number screened for colorectal cancer with CRF funds	3,213	2,873	2,873	2,873
Number minorities screened for colon cancer with CRF funds	1,254	1,186	1,186	1,186

CY 2003	CY 2006	CY 2007	CY 2010
Actual	Estimated	Estimated	Estimated
<b>Outcome:</b> Colorectal cancer mortality rate			
(Colorectal cancer mortality rate for CY 2003 based on 1,009 colorectal cancer deaths)			
19.3	16.9	16.2	14.2

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### MOOF03.06 CIGARETTE RESTITUTION FUND — CANCER PREVENTION, EDUCATION, SCREENING AND TREATMENT PROGRAM — FAMILY HEALTH ADMINISTRATION (Continued)

**Objective 3.2** By calendar year 2010, reduce breast cancer mortality to a rate of no more than 25.1 per 100,000 persons in Maryland.  
(Age-adjusted to the 2000 U.S. standard population.)

	2004	2005	2006	2007
Performance Measures	Actual	Actual	Estimated	Estimated
Outputs: Number of women screened for breast cancer with CRF funds	1,043	528	528	528
Number of minority women screened for breast cancer with CRF funds	860	415	415	415

	CY 2003	CY 2006	CY 2007	CY 2010
Actual	Estimated	Estimated	Estimated	
Outcome: Breast cancer mortality rate				
(Breast cancer mortality rate for CY 2003 based on 815 breast cancer deaths)	26.6	26.0	25.7	25.1

**Objective 3.3** By calendar year 2010, reduce prostate cancer mortality to a rate of no more than 22.0 per 100,000 persons in Maryland.  
(Age-adjusted to the 2000 U.S. standard population.)

	2004	2005	2006	2007
Performance Measures	Actual	Actual	Estimated	Estimated
Outputs: Number of men screened for prostate cancer with CRF funds	721	773	773	773
Number of minority men screened for prostate cancer with CRF funds	654	676	676	676

	CY 2003	CY 2006	CY 2007	CY 2010
Actual	Estimated	Estimated	Estimated	
Outcome: Prostate cancer mortality rate				
(Prostate cancer mortality rate for CY 2003 based on 536 prostate cancer deaths)	28.4	25.4	24.5	22.0

Goal 4. To increase access to cancer care for uninsured persons in Maryland.

**Objective 4.1** To provide treatment or linkages to treatment for uninsured persons screened for cancer under the Cancer Prevention, Education, Screening and Treatment Program.

	2004	2005	2006	2007
Performance Measures	Actual	Actual	Estimated	Estimated
Output: Number persons diagnosed and linked or provided treatment	68	55	55	55

**Goal 5.** To reduce the burden of cancer and tobacco-related diseases through the Maryland Statewide Health Network (MSHN) by: conducting prevention, education and control activities; promoting increased participation of diverse populations in clinical trials; developing best practice models; coordinating with local hospitals, health care providers and local health departments; and expanding telemedicine linkages.

**Objective 5.1** By Fiscal Year 2007, to increase by 25% the number of diverse individuals participating in clinical trials through University of Maryland Greenebaum Cancer Center (UMGCC).

	2004	2005	2006	2007
Performance Measures	Actual	Estimated	Estimated	Estimated
Outcome: Percent increase in the number of diverse individuals participating in clinical trials through UMGCC				
(Fiscal Year 2000 Baseline = 200)	32%	20%	22%	25%

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

---

## MOOF03.06 CIGARETTE RESTITUTION FUND — TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION

### PROGRAM DESCRIPTION

The Tobacco Use Prevention, and Cessation Program is a statutory program (Subtitle 10, Sections 13-1001 thru 13-1014 of the Health-General Article) incorporating the *best practice* recommendations of the Center for Disease Control and Prevention (CDC). The Program delivers comprehensive smoking cessation assistance to Maryland smokers seeking assistance in quitting smoking, and tobacco use prevention services and counter-marketing initiatives directed at Maryland youth and young adults. Program funding is through the Cigarette Restitution Fund. The program is mandated to conduct biennial county-level youth and adult tobacco surveys, replicating the Program's baseline (Fall 2000) surveys, in support of state and local program accountability measures, evaluation, and program planning and development. The last surveys were conducted in the fall of 2002, and are next required to be conducted in the fall of 2006.

### MISSION

The mission of the Tobacco Use Prevention and Cessation Program is to reduce the use of tobacco products in Maryland, thereby reducing the burden of tobacco related morbidity and mortality on the population.

### VISION

The Tobacco Use Prevention and Cessation Program envisions a future in which all residents of Maryland can lead healthy, productive lives free from disease and cancer caused by the use of tobacco.

### GOALS AND OBJECTIVES

**Goal 1. To reduce the proportion of under-age (less than eighteen years old) Maryland youth who have ever initiated tobacco use.**

**Objective 1.1** By the end of calendar year 2008, reduce the proportion of under-age Maryland middle and high school students that have smoked a whole cigarette, by 35% and 26% respectively, from the calendar year 2000 Baseline Rate.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percentage of underage Middle-School students who ever smoked a whole cigarette	16.8%	11.7%	11.26%	10.92%
<b>Input:</b> Percentage of underage High School students who ever smoked a whole cigarette	44.1%	34.7%	33.52%	32.63%
<b>Outcome:</b> Cumulative percentage change for Middle School students	N/A-	30.4%	-33%	-35%
<b>Outcome:</b> Cumulative percentage change for High School students	N/A-	21.3%	-24%	-26%

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### MOOF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND

#### CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

##### GOALS AND OBJECTIVES (Continued)

Objective 1.2 By the end of calendar year 2008, reduce the proportion of under-age Maryland middle and high school students that have ever used smokeless tobacco, 28% and 19% respectively, from the calendar year 2000 Baseline Rate.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percentage of underage Middle School students who ever used smokeless tobacco	9.7%	7.4%	7.18%	6.98%
<b>Input:</b> Percentage of under-age High school students who ever used smokeless tobacco	15.2%	13.0%	12.62%	12.31%
<b>Outcome:</b> Cumulative percentage change for middle school students	N/A	-23.7%	-26%	-28%
<b>Outcome:</b> Cumulative percentage change for high school students	N/A	-14.5%	-17%	-19%

#### Goal 2. To reduce the proportion of Maryland youth and adults who currently smoke cigarettes.

**Objective 2.1** By the end of calendar year 2008, reduce the proportion of under-age Maryland middle and high school youth, and Maryland adults, that currently smoke cigarettes, by 36%, 31% and 15% respectively, from the calendar year 2000 Baseline Rate.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percentage of under-age Middle School students who currently smoke cigarettes	7.3%	5.0%	4.82%	4.67%
<b>Input:</b> Percent of under-age High school students who currently smoke cigarettes	23.0%	17.6%	16.79%	15.87%
<b>Input:</b> Percent of adults who currently smoke cigarettes	17.5%	15.4%	15.05%	14.88%
<b>Outcome:</b> Cumulative percentage change for Middle School students	N/A	-31.5%	-34%	-36%
<b>Outcome:</b> Cumulative percentage change for High school students	N/A	-23.4%	-27%	-31%
<b>Outcome:</b> Cumulative percentage change for adults	N/A	-12.0%	-14%	-15%



## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

---

### MOOF03.06 CIGARETTE RESTITUTION FUND — TOBACCO USE PREVENTION AND CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

#### GOALS AND OBJECTIVES (Continued)

#### Goal 3. To reduce the prevalence of current cigarette smoking among minority populations.

**Objective 3.1** By the end of calendar year 2008, reduce the proportion of African-American adults who currently smoke cigarettes by 19% from the CY 2000 Baseline Rate.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percentage of adult African-American's that currently smokes cigarettes	22.0%	18.7%	18.04%	17.82%
<b>Outcome:</b> Cumulative percentage change	N/A	-15.0%	-18%	-19%

**Objective 3.2** By the end of calendar year 2008, reduce the proportion of Hispanic adults who currently smoke cigarettes by 7% from the CY 2000 Baseline Rate.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percentage of adult Hispanics's that currently smokes cigarettes	21.2%	20.7%	20.14%	19.72%
<b>Outcome:</b> Cumulative percentage change	N/A	-2.4%	-5%	-7%

#### Goal 4. To counteract tobacco industry marketing and advertising efforts and promote smoking cessation for those adult smokers who are thinking about quitting smoking.

**Objective 4.1** By the end of calendar year 2008, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 15% of the general population.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Outcome:</b> Percent of general population seeing messages	0	54.8%	15%	15%

**Objective 4.2** By the end of calendar year 2008, deliver DHMH CRF Tobacco Program counter-marketing and media messages to 15% of targeted minority populations.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Outcome:</b> Percent of targeted minority populations seeing messages	0	61.5%	15%	15%

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

### MOOF03.06 CIGARETTE RESTITUTION FUND – TOBACCO USE PREVENTION AND

#### CESSATION PROGRAM - FAMILY HEALTH ADMINISTRATION (Continued)

#### GOALS AND OBJECTIVES (Continued)

**Goal 5. To change the existing environmental context in Maryland communities from toleration or promotion of tobacco use to a context which does not condone exposing youth less than eighteen years old to second hand smoke or selling tobacco to minors.**

**Objective 5.1** By the end of calendar year 2008, increase by 7% from the CY 2000 Baseline Rate, the proportion of Maryland adults who strongly agree that cigarette smoke is harmful to children.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percent strongly agree	78.1%	79.6%	82.0%	83.57%
<b>Outcome:</b> Cumulative percentage change	N/A	1.9%	5%	7%

**Objective 5.2** By the end of calendar year 2008, increase by 3% from the CY 2000 Baseline Rate, the proportion of Maryland households with minor children that are smoke-free.

<u>Performance Measures</u>	<u>CY 2000 Actual</u>	<u>CY 2002 Actual</u>	<u>CY 2006 Projected</u>	<u>CY 2008 Projected</u>
<b>Input:</b> Percent of youth living in smoke-free homes	68.2%	68.1%	69.56%	70.25%
<b>Outcome:</b> Cumulative percentage change	N/A	-0.1%	2%	3%

Notes: Calendar years were used for goals and objectives whose data sources are the baseline and subsequent tobacco surveys. The majority of data collection will occur during the fourth quarter of the applicable calendar year (the second quarter of the fiscal year). Thus, objectives more closely relate to what has occurred by the end of any particular calendar year than they would to a fiscal year which ends 6 months after the last data is collected.

The Department conducted its baseline tobacco surveys in the fall of 2000. Currently (September 2005), the Department is required by legislation to conduct its next tobacco surveys in the fall of 2006. The program legislation requires that subsequent tobacco surveys be conducted using the same methodologies as were used for the baseline surveys to ensure comparability.